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CONFIRMATION NO. 2943

SERIAL NUMBER 10/811,182	FILING DATE 03/26/2004 RULE	CLASS 005	GROUP ART UNIT 3673	ATTORNEY DOCKET NO. 8266-1263
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/657,696 09/08/2003
 which claims benefit of 60/408,698 09/06/2002
 and claims benefit of 60/409,748 09/11/2002
 and claims benefit of 60/489,171 07/22/2003
 and claims benefit of 60/490,467 07/28/2003
 This application 10/811,182
 claims benefit of 60/458,720 03/28/2003

O.K.R.S.

** FOREIGN APPLICATIONS *****

none R.S.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/10/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	IN	15	58	7
Verified and Acknowledged	Examiner's Signature <i>Robert L. Santos</i>	Initials R.G.S.		

ADDRESS

25267
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TITLE

Bed siderail having a latch

<p>FILING FEE RECEIVED 2598</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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